

SAR 7 ELIGIBILITY STATUS REPORT

Provide the income
received during the
REPORT MONTH

REPORT MONTH _____

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE SIGN THE FORM AFTER _____ 1st AND RETURN IT BY _____ 5th
SUBMIT MONTH SUBMIT MONTH***NOTE: The SAR7
now has 13
questions. Read
each question
carefully and be
sure to attach
proof where
necessary.****NEED HELP?** (County Specific instructions w/county url)

Worker Name: _____

(DIST. ID HERE)

Worker Phone: _____

County: _____

Street address: _____

City, State, Zip Code _____

BAR CODE: _____

Check the box if you would like to STOP getting any of the following: ☐ STOP my CalWORKs ☐ STOP my CalFresh
☐ STOP my Medi-Cal**1. Has anyone moved into or out of your home (including newborns) or did you move in with someone else since you last reported?** ☐ Yes ☐ No (If yes, complete the section below)

Date of Move (mm/dd/yy)	Name (First, Middle, Last)	Date Of Birth	Relationship To You	Regularly Purchase And Prepare Food Together?
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> In <input type="checkbox"/> Out / /		/ /		<input type="checkbox"/> YES <input type="checkbox"/> NO

2. Have there been any changes to your address since you last reported? ☐ Yes ☐ No (If yes, complete the section below)

New Address: _____ Da _____

Mailing Address (if different than above) _____

3. If you have moved since you last reported please fill out the section below:Your rent or mortgage per month now?
\$ _____If paid separately, your property taxes and home insurance per month now
\$ _____

Do you have utility costs that are not included in your rent or mortgage payment? If so, check which ones:

☐ Phone ☐ Trash ☐ Water ☐ Electric/Gas ☐ Other heating or cooling costs**4. CalWORKs only: Is anyone in your home:**

- A. A felon whose conviction was drug-related?
B. Running from an outstanding warrant?
C. Found by a court to be in violation of probation or parole?
☐ Yes ☐ No (If yes, complete the section below)

Name of person	A, B, or C from above	In what state did the arrest or conviction happen?	Date of arrest and/or conviction

5. Medical Costs: If anyone who gets CalFresh and is 60 years old or older, or disabled, had an increase in medical costs please complete the section below and attach proof:

Who had the change? _____

Amount of increase:
\$ _____**6. Child Support: Did anyone who gets CalFresh have a change in the amount of child support they have to pay since they last reported?** ☐ Yes ☐ No If yes, complete the section below and attach proof.

What was the amount paid in the Report Month? \$ _____.

Who paid support? _____

7. Dependent Care: If anyone who gets CalFresh and either works, is looking for work, or is going to school, had an increase in out-of-pocket dependent care costs since they last reported, please complete the section below and attach proof:

What was the amount paid out-of-pocket in the Report Month? \$ _____

Who paid: _____ List dependent(s): _____

8. Did anyone: Get, buy, sell, trade or give away any property, land, homes, cars, bank accounts, money, payments (such as lottery/casino winnings, back benefits from social security), or other property items since last reported?☐ Yes ☐ No (If yes, complete the section below and attach proof. If you need more space, attach a separate piece of paper).

Who?	Type of Property?	When?	Amount/Value?	<input type="checkbox"/> Bought <input type="checkbox"/> Sold <input type="checkbox"/> Gave Away <input type="checkbox"/> Spent
				<input type="checkbox"/> Got as a gift <input type="checkbox"/> Traded <input type="checkbox"/> Won <input type="checkbox"/> Other

9. Did anyone get income from employment in the Report Month? ☐ Yes ☐ No (If yes, complete the section below and attach proof). The Report Month is listed at the top of the first page. List each job for each person who works. If you need more space attach a separate piece of paper. Examples include babysitting, salary, self-employment, sick pay, tips, etc.

	Job #1	Job #2	Job #3
Name of person who got income:			
Source of income/Employer name:			
How often paid:	Self-employed, check here <input type="checkbox"/> <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	Self-employed, check here <input type="checkbox"/> <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly	Self-employed, check here <input type="checkbox"/> <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other <input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly
Gross amount of income they got in the report month:	\$ DATE(S) RECEIVED:	\$ DATE(S) RECEIVED:	
Hours worked per month:			

Make sure to answer #9 about employment income in the household, and ATTACH PROOF.

10. Will there be any changes to your job or the income listed in #9 in the next six months? Examples: Stopping or starting a job; increase or decrease of income; changes in hours; quitting a job or going on strike; change in how often you are paid. ☐ Yes ☐ No (If yes, explain here and attach proof):

11. Did anyone get money from any other source in the Report Month: ☐ Yes ☐ No (If yes, complete the section below and attach proof.) The Report Month is listed at the top of the first page. Examples include: Social Security, Unemployment Compensation, Veteran's Benefits, State Disability Insurance (SDI), Child/Spousal Support, Worker's Compensation, Loans/Gifts, Earned/Unearned Housing, Utilities, Food, etc.

Name	Source of income	One time payment or monthly	How much

Don't forget to answer #10, 11, 12 and ATTACH PROOF.

12. Will there be any changes to the income or benefits listed in #11 in the next six months? Examples of changes include: increase or decrease in income or benefits, or if you will start or stop getting income or benefits. ☐ Yes ☐ No (If yes, explain here and attach proof):

13. CalWORKs only: Have any of the following happened to anyone in your home since you last reported? ☐ Yes ☐ No (If yes, check below and attach proof):

- ☐ Family Change (Married, divorced, separated, entered into a California Registered Domestic Partnership (RDP), have a non-California Domestic Partnership (DP), ended a DP or RDP, became pregnant, or is no longer pregnant?)
- ☐ Job/Employment (Start, stop, quit a job, started a business or went on strike?)
- ☐ Disability (Became disabled or recovered from a disability or major illness?)
- ☐ Immigration (Citizenship or immigration status change, or got a new card, form, or letter from USCIS (INS)?)
- ☐ Insurance (Started, stopped, or changed health, dental, or life insurance benefits, including MEDICARE?)
- ☐ Custody (Any change in the amount of time you care for/have custody of your children?)
- ☐ In-Home Support Services (Started or stopped getting services?)
- ☐ School Attendance
 - *Student age 6-18 stopped or started attending school regularly?
 - *For Age 16 or older student- started or stopped school/college? (You may be able to claim costs for books, school transportation, etc.)
- ☐ Someone paid for all of my housing, food, clothing or utility costs. (please explain) _____
- ☐ Other _____

Please read carefully, sign, and date.

By signing this form:

- I understand and certify, under penalty of perjury, that all my answers on this report are correct and complete to the best of my knowledge.
- I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to \$100,000 for each year I break the rules on purpose. The first time I break the rules on purpose I will not be able to get CalFresh again; the second time two years; and after the third time I will not be able to get CalFresh again.
- I understand and agree to give copies of all documents needed to complete my semi-annual report.
- I understand that in some instances, I may be asked to give consent to the County to make whatever determination is necessary to determine eligibility.

It is important that you SIGN and DATE the SAR7 correctly. If not, your report will be incomplete and could delay your benefits.

CERTIFICATION - FRAUD WARNING

I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or other information, I can be legally prosecuted. I may also be charged with committing a felony if more than \$500 of CalFresh is wrongly paid out as a result of such an action. I have received a copy of the Instructions and the Status Report for Cash Aid and CalFresh.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

WHO MUST SIGN BELOW:

For Cash Aid: You and your aided spouse, registered domestic partner, or the other parent (of cash-aided children) if living in the home. For CalFresh: The head of household, a responsible household member, or the household's authorized representative.

SIGNATURE OR MARK

DATE SIGNED HOME PHONE

CONTACT/CELL PHONE

SIGNATURE OF SPOUSE, REGISTERED DOMESTIC PARTNER, OR OTHER PARENT OF CASH AIDED CHILD(REN)

DATE SIGNED

SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM

DATE SIGNED